

Indiana Utility Regulatory Commission

COMPLAINT FORM

COMPLAINANT

Customer ID:	<input type="text"/>	Entered By:	<input type="text"/>	Assigned To:	<input type="text"/>
First Name:	<input type="text"/>	Address:	<input type="text"/>		
Last Name:	<input type="text"/>	Business:	<input type="text"/>		
Business Phone:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Home Phone:	<input type="text"/>	Zip:	<input type="text"/>	County:	<input type="text"/>
Contact Person:	<input type="text"/>	Contact Phone:	<input type="text"/>		

UTILITY

Utility ID:	<input type="text"/>	Complaint Type:	<input type="text"/>		
Utility Name:	<input type="text"/>	Account #:	<input type="text"/>		
Industry:	Electric	Nat Gas	Telephone	Water	Sewer

Briefly Describe Complaint

Use blank page for additional space

Indiana Utility Regulatory Commission
Consumer Affairs Division
302 West Washington Street, Room E306
Indianapolis, Indiana 46204

1.800.851.4268 toll free
317.232.2700 office
317.233.2410 fax
consumerinfo@urc.state.in.us